

Foster Family Home - Corrective Action Report

Provider ID: 1-190067

Home Name: Susana Haber, CNA

Review ID: 1-190067-4

86-190 Moelua Street

Reviewer: Jackie Chamberlain

Waianae HI 96792

Begin Date: 6/17/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Annual inspection for 2 bed CCFFH

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate diet order for client 1 or 2 or any signed MD orders for client # 1

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(7) Expenditure records; and

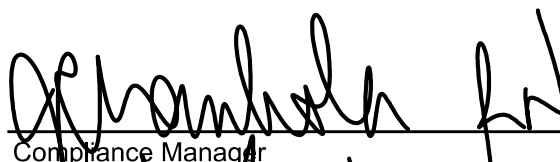
54.(c)(8) Personal inventory.


Comment:

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 No client belonging record documentation

54.(c)(2) Service plan for client # 1 for a [REDACTED] does not have
Service plan has a check mark at [REDACTED] client does not [REDACTED]
Client # 2 service plan has for [REDACTED] there is not [REDACTED] for the client


Compliance Manager


Primary Care Giver

6/18/21
Date

6/18/21
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Susana Haber

(PLEASE PRINT)

CCFFH Address: 86-190 Moelua St. Waianae, HI 96792

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
47.(d) (1)	MD under for client 1 and 2's [REDACTED] was obtained kept in home file.	06/25/21	Monthly review of client binder/file is necessary. Use wall calendar to remind CG.
54.(c)(2)	CMA updated service plan for client 1 and 2 copy were placed into the home record.	06/28/21	Monthly review of client binder/file is necessary. Use wall calendar to remind CG.
54.(c)(7)	CG did expenditure records to client 1 and 2. included in the clients binders for reference and compliance.	06/28/21	Monthly review of client binder/file is necessary. Use wall calendar to remind CG.
54.(c)(8)	Personal inventory for clients 1 and 2 were done by [REDACTED] CG. Placed in the clients binders.	06/28/21	Monthly review of client binder/file is necessary. Use wall calendar to remind CG.

☒ All items that were fixed are attached to this CAPPCG's Signature: [Signature]Date: 7/26/21☒ CTA has reviewed all corrected items